

Case Number:	CM14-0203434		
Date Assigned:	12/15/2014	Date of Injury:	08/01/2008
Decision Date:	02/09/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/05/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic wrist pain, elbow pain, neck pain, and headaches reportedly associated with an industrial injury of August 1, 2008. In a utilization review report dated November 13, 2014, the claims administrator failed to approve a request for ibuprofen. The claims administrator referenced an October 30, 2014 progress note in its determination. The applicant's attorney subsequently appealed. In said October 30, 2014 progress note, the applicant reported persistent complaints of wrist pain, bilateral shoulder pain, headaches, and chronic neck pain. The applicant had undergone two prior carpal tunnel release surgeries and had residual right cubital tunnel syndrome, it was noted. 4/5 grip strength was noted. The applicant was placed off work, on total temporary disability while Norco and Motrin were renewed, without any explicit discussion of medication efficacy. In an earlier note dated August 5, 2014, the applicant was given refills of Norco and Flexeril and placed off work, on total temporary disability owing to chronic wrist pain. At the top of the report, it was stated that the applicant was using Vicodin and ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Ibuprofen 800 MG #60, 1 PO BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Functional Restoration Approach to Chronic Pain Management Page(.

Decision rationale: No, the request for ibuprofen, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 23 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as ibuprofen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, multiple progress notes, referenced above, contained no reference to or discussion of medication efficacy insofar as ibuprofen, the article at issue, was concerned. The fact that the applicant remained off work, on total temporary disability, coupled with the fact that ongoing usage of ibuprofen had failed to curtail the applicant's dependence on opioid agents such as Norco and Vicodin, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of the same. Therefore, the request is not medically necessary.